2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 548389

1. Entity Name
NINO'S ITALIAN RESTAURANT & PIZZERIA OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3086 CLEVELAND AVENUE FORT MYERS, FL 33901-7004	3086 CLEVELAND AVENUE FORT MYERS, FL 33901-7004

DO NOT WRITE IN THIS SPACE

.4UD461..

03202006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1850123	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCADUTO, ANTONIO
1342 RIO VISTA AVE.
FORT MYERS, FL 33903

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VS
NAME	SCADUTO, ANTONIO
STREET ADDRESS	1342 RIO VISTA AVE
CITY-ST-ZIP	FT. MYERS, FL

TITLE	DPT
NAME	SCADUTO, ANTONINO
STREET ADDRESS	1342 RIO VISTA AVE
CITY-ST-ZIP	FT MYERS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Antonino Scaduto_ Antonino Scaduto Pres. 3/26/06   239-332-0557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #